

Name in Full

Certificate of Death

Sophrona Anderson

Town

County

MARYLAND

Died at

Sharpsville

Hartford

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 4

Age

153rs

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Marian Anderson

Mother's

Maiden Name

Caroline B Wiley

Cause of

Primary

How long sick

Death

Immediate

Phthisis Pulmonary

~~Accident, Suicide, Homicide~~

Reported by

F. L. Turner

Address

Black Horse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at

Date 1903

Male

Husband of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James T. Bevans

Town

Boole

County

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 13

Age

41

M'd

Laborer

White

Married

~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Mollie Hawkins

Mother's

Maiden Name

Primary

Diabetes

50

How long sick

2 1/2 years or more

Immediate

Diabetic Coma

~~Accident, Suicide, Homicide~~Ephraim Hopkins M D
Darlington



Name
in
Full

Frances Amelia Chesney

CERTIFICATE OF DEATH

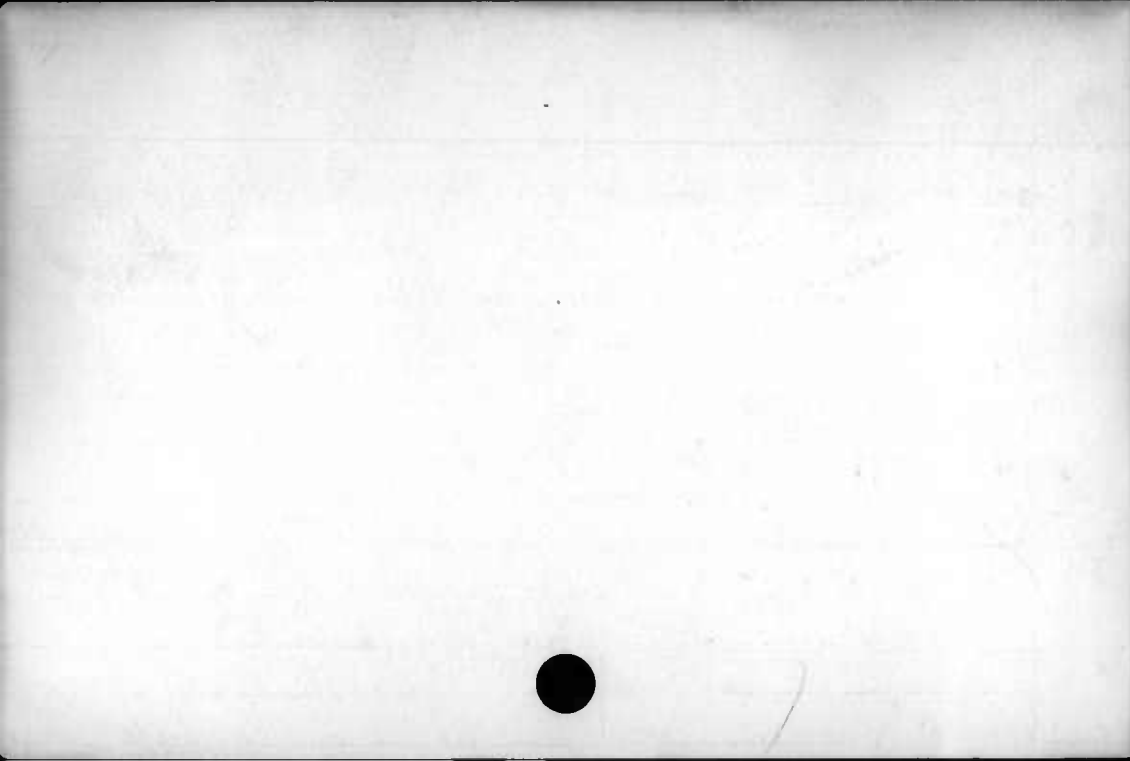
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harre de Grace		County Harford		MARYLAND	
Date of death 1903	Month 2	Day 26	Age 5	Years 5	Months 7	Days 14	
Sex Female		Color or Race White		Birth- place Harre de Grace			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Bennett Chesney				Father's Birthplace Ardenn			
Mother's Maiden Name Margaret Cross				Mother's Birthplace Harre de Grace			
Name of person giving in formation Margaret Chesney				How related to deceased Parents			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles	How long About 2 weeks
Immediate Bronch. Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. W. Smith M.D.
	Address Harre de Grace Md
Accident or Suicide?	



Town

County

Town
Spercutia de Comd
Month Day

Surford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

2

12

Age

4

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

Ind

✓

Male

White

Married

~~With~~

Divorced—

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name _____

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, ^UHomicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Clark

Died at ~~Harford~~ ^{Town} *Emmittsburg* ^{County} *Harford* MARYLANDDate *1903* ^{Month} *2* ^{Day} *23* ^{Y.} *70* ^{M.} *-* ^{D.} *-* Native of *Maryland* Occupation *House Wives*

<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Widow	<input checked="" type="checkbox"/> Divorced	Number of children living <i>one</i>
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Colored	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Widower	<input type="checkbox"/> Divorced	

Husband of _____
Wife of _____

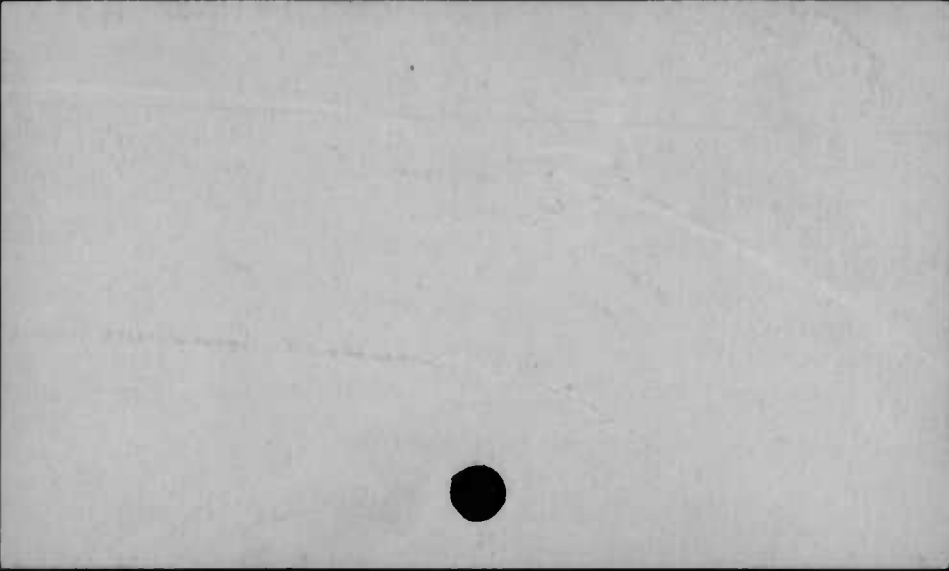
Father's Name	<i>Patric Hamland</i>	Mother's Name	
---------------	-----------------------	---------------	--

Cause of Death	Primary	<i>Paralysis</i>	How long sick <i>one week</i>
	Immediate	<i>Exhaustion</i>	
			Accident, Suicide, Homicide

Reported by *J. A. Callahan*Address *Creswell* *md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name
in
Full

CERTIFICATE OF DEATH

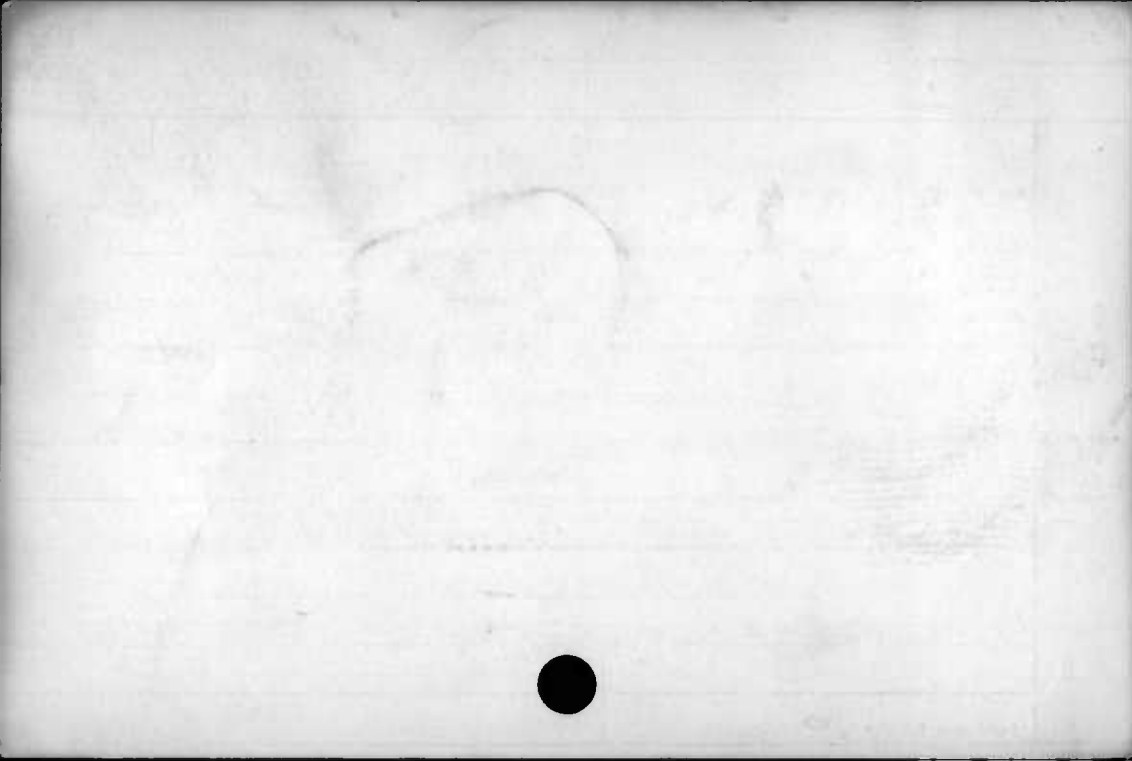
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Frances Cullen</i>		Town <i>Harre-de-Grace</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Harre-de-Grace</i>		Month <i>Feb.</i>		Day <i>28</i>		Years <i>51</i>	
Date of death 190 <i>3</i>		Months <i>6</i>		Days <i>7</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harre-de-Grace</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>*</i>					
Name of Wife or Husband <i>Simon M. Cullen</i>							
Father's Name <i>Michael Drwin</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Jane Mc Feely</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Jennie M. Cullen</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of breast</i>	How long <i>43</i>	How long <i>about 1 yr</i>
Immediate <i>General prostration</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. M. Smith M.D.</i>	Address <i>Harre de Grace Md.</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Emma G. Vappurich

Town

County

Died at Harford Grace

Harford

MARYLAND

Date 1903 Feb 11 Age 26 - - Native of Harford house Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker, or minister.



Sarah De Silver

Town

County

Died at

near Richards

Hanford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Age 33

Native of

Occupation

2d. 5th

33

Maryland

House Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

One

~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Joseph De Silver

Isaac Von Horn

Lagrippe

Heart Failure

How long sick

One Week

Accident, Suicide, Homicide

Reported by

Address

Geo. W. Davis M.D.

Marantville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harriet Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> <small>Town</small>		<i>Harpur</i> <small>County</small>		MARYLAND	
Date of death 1903	Month 2	Day 20	Age 39	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>book</i>				
Name of Wife or Husband <i>Mrs. Hackett</i>					
Father's Name <i>Sam'l James</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Hackett James</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Emilia Smith</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
179

Address

Accident or Suicide?

Mountain

24th

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

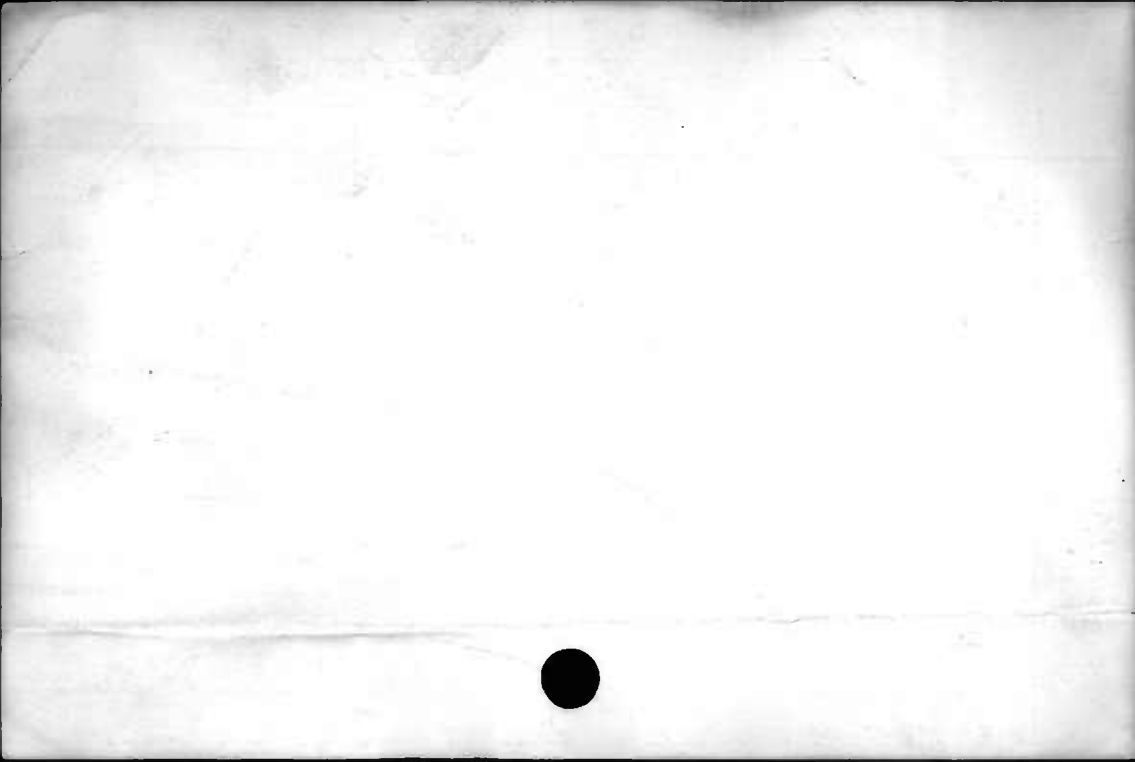
CERTIFICATE OF DEATH

Died at <i>Haynd Furnace</i>		Town <i>Haynd</i>		County <i>Harford</i>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>21</i>	Age	Years	Months <i>9</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Bush</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Harry Hamland</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>her Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>104</i>	How long <i>2 months</i>
Immediate <i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J A Callahan</i>	
	Address <i>Greenville Ma</i>	
Accident or Suicide?		



Name In Full

Certificate of Death

Elizabeth Hilton

Town

County

MARYLAND

Died at

Level

Harford

Date 19

03

Month

2

Day

2

Y.

34

M.

D.

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

James H. Hilton

Wife

Father's

Name

Abraham Prigg

Mother's

Maiden Name

Jane Prestbury

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

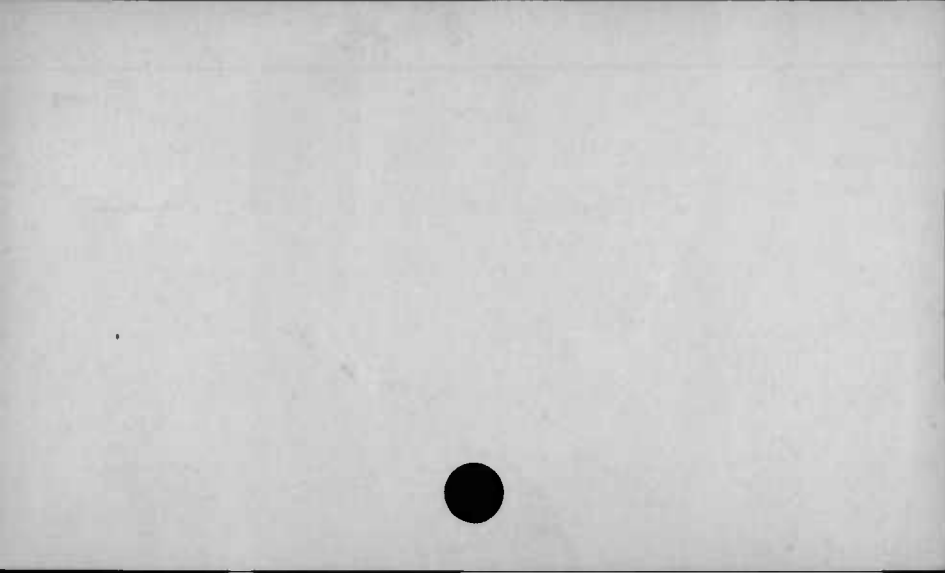
J. L. Hopkins MD

Address

Care de Grace

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James, K. Hollingsworth
 Died at *near Fallston* Town *Honford* County *MARYLAND*

Date 19*13* Month *2^d* Day *5th* Age *64* Y. M. D. Native of *Maryland* Occupation *Labrer*

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of _____
 Wife of _____

Father's Name *Jessie Hollingsworth* Mother's Maiden Name _____

Cause of Death *Primary* *Immediate* *Semile Debility* *154* How long sick *4 Months* Accident, Suicide, Homicide

Reported by *Chas Hollingsworth* *MD*

Address *Belair Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

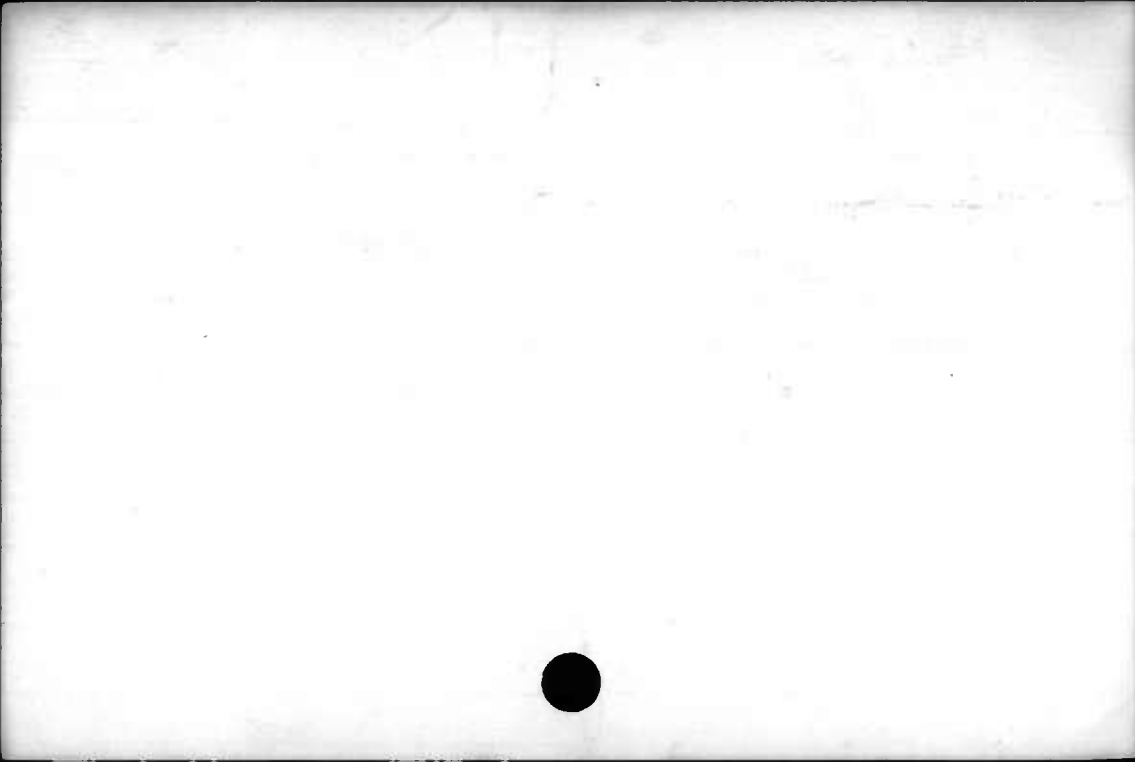
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Thomas James</i>		County <i>Stearns</i>		MAYLAND	
Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Stearns</i>	
Date of death 190 <i>Feb</i>		Month <i>Feb</i>		Day <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>about 70</i>	
Married, Single or Widowed		Occupation		Birth- place	
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased <i>40</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long <i>Treated 6 months</i>
Immediate	<i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. F. Wentz</i>
<i>Yes</i>		Address <i>Bel Air</i>
Accident or Suicide? <i>No</i>		<i>Med.</i>



Name In Full

Certificate of Death

Hannah Johnson

Town

County

MARYLAND

Died at

Forest Hill

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb 22

Age

77

Maryland Laborer

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

None

Husband
of~~Wife~~

Father's

Name

William Johnson

Mother's

Maiden Name

—

Cause of

Primary

Cancer

45

How long sick

14 months

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

George W. Davis M.D.

Address

Pleasantville

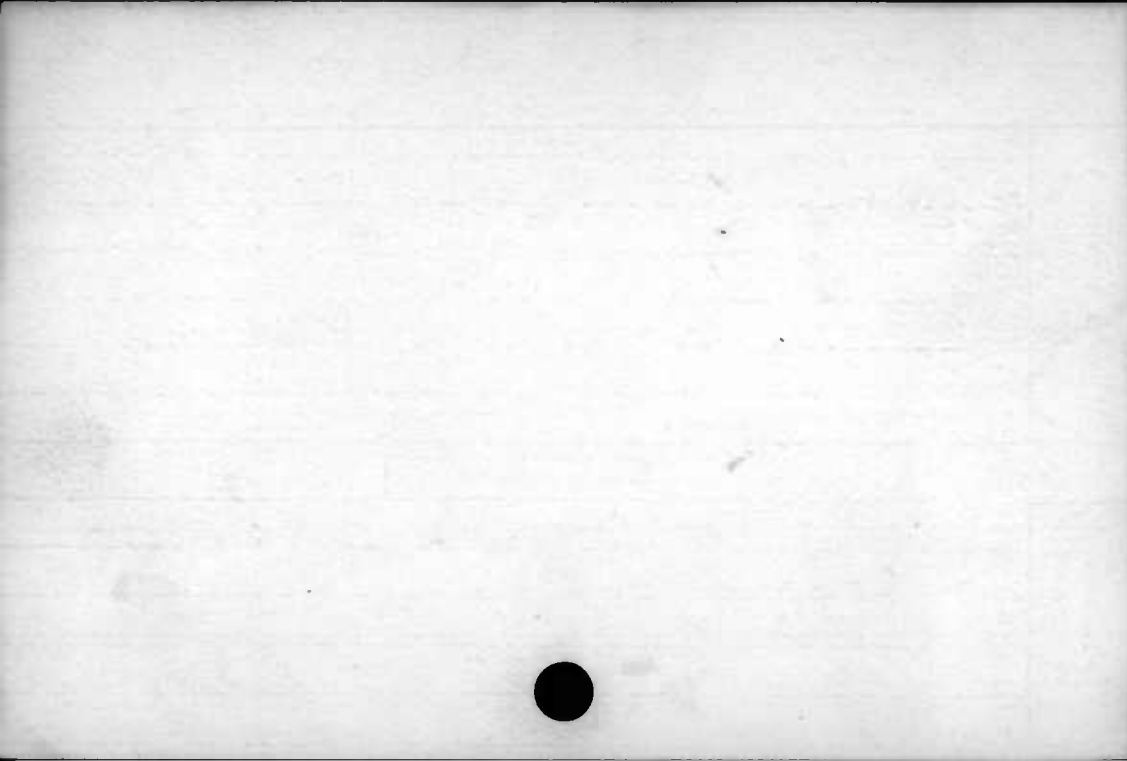
Harford Co Md

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.

LIBRARY BUREAU 79899

Fairview
25th

Name in Full		Wm Edward Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bel Air		Stanford		MARYLAND	
	Date of death 1903		Feb.		26		4 5	
	Sex		male		Color or Race		Black.	
	Married, Single or Widowed				Occupation			
	Name of Wife or Husband							
	Father's Name		Wm Edward Johnson		Father's Birthplace		Maryland	
PHYSICIAN OR CORONER	Mother's Maiden Name		Ella Johnson		Mother's Birthplace		Maryland	
	Name of person giving information		Ella Johnson		How related to deceased		Mother	
	CAUSES OF DEATH							
	Primary				How long		Two Weeks.	
Immediate				How long				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		179		Address		
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thos. W. Jones* Town *Cardiff* County *Harford*

Died at *Cardiff*

Date of death 190*3* Month *Feb.* Day *13* Age *41* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Single* Occupation *Invalid*

Name of Wife or Husband _____

Father's Name *Thos. W. Jones, Sr.* Father's Birthplace *Wales*

Mother's Maiden Name *Margaret Roberts* Mother's Birthplace *"*

Name of person giving information *Margaret Jones* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

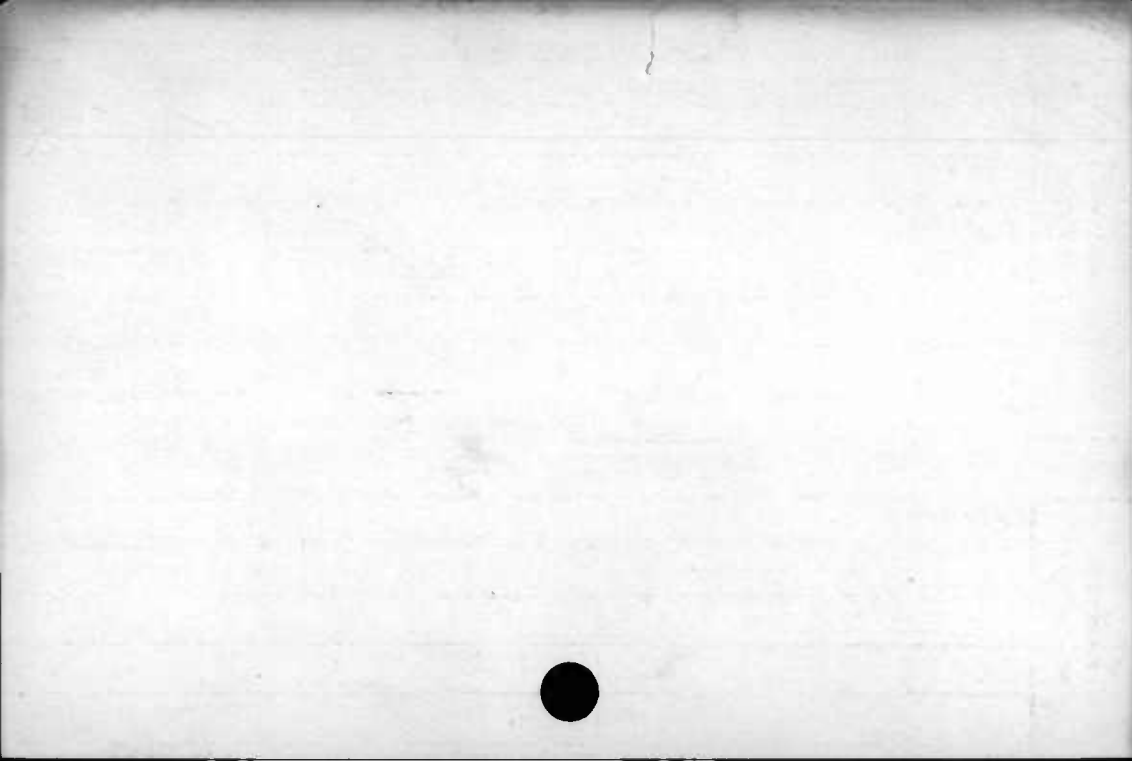
Primary *Consumption* How long *Several years*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. Steward M.D.*

Address *Delta Pa.*

Accident or Suicide? ☒



Name

in
Full

Mary Mc Carthy

CERTIFICATE OF DEATH

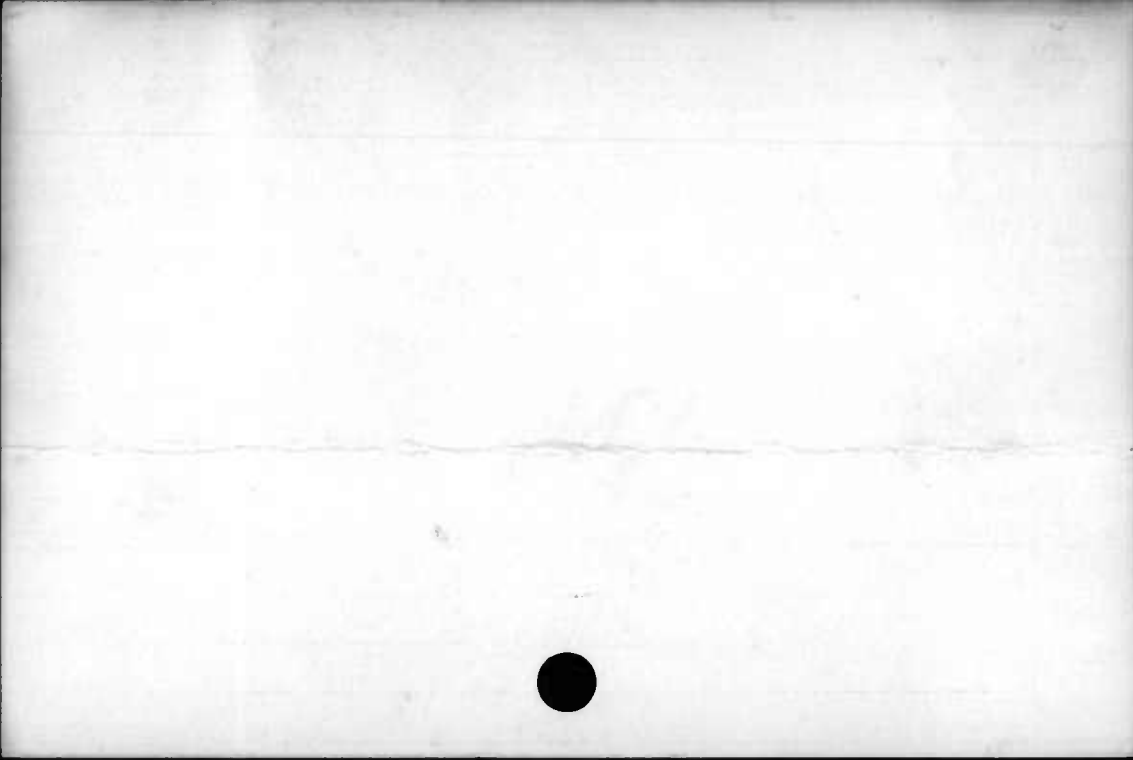
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Rockford</i>		County <i>Harford</i>		MARYLAND	
Date of death 190	3	Month <i>Feb</i>	Day <i>7</i>	Age <i>78</i>	Years	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Ireland</i>			
Married, Single or Widowed				Occupation <i>housewife</i>			
Name of Wife or Husband <i>Owen Mc Carthy</i>							
Father's Name <i>✓</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>✓</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving In formation <i>Chas. Mc Carthy 1st</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Causes incidental to age</i>	How long <i>some weeks</i>
Immediate <i>Pulmonary congestion & heart failure</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Gas. F. H. Gorsuch M.D.</i>
	Address <i>Folk Md.</i>
Accident or Suicide?	



Name
in
Full

Levanon McEwing

CERTIFICATE OF DEATH

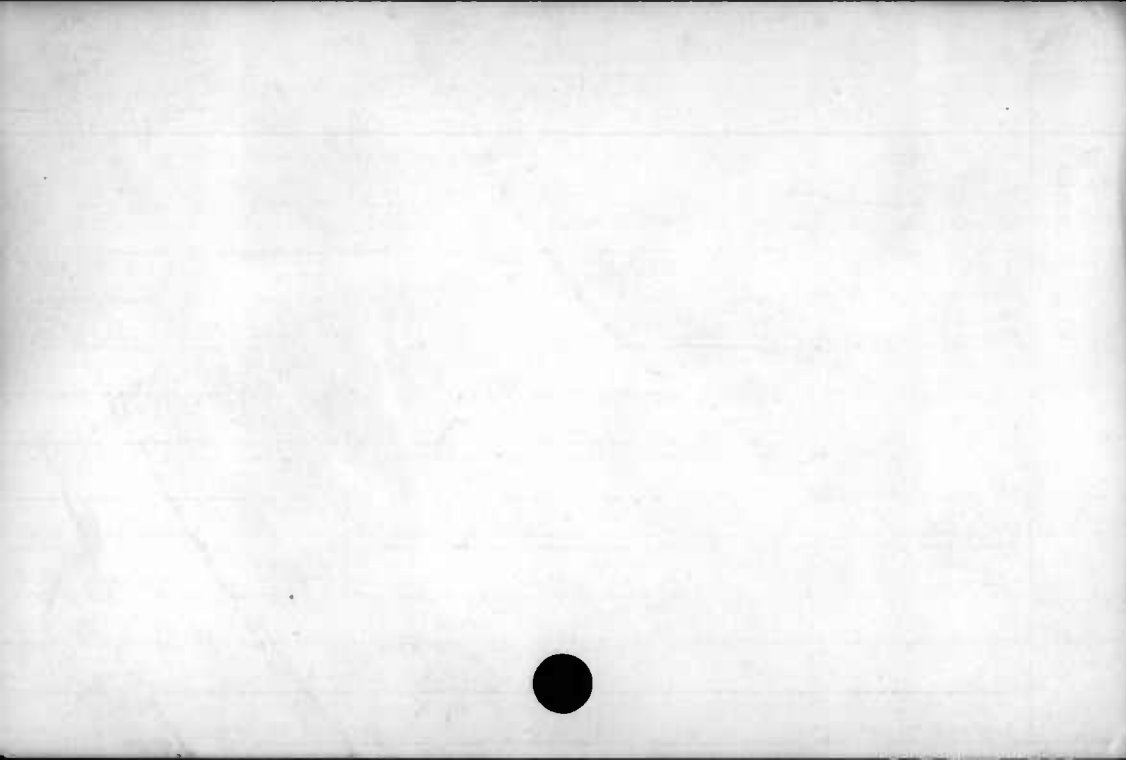
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heure de Grace</i> ^{Town}		<i>Hartford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>2</i>	Age Years <i>63</i>	Months <i>2</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>buginea</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Telegraph Lineman</i>				
Name of Wife or Husband <i>Annie McEwing</i>					
Father's Name <i>Eleas McEwing</i>			Father's Birthplace <i>ba</i>		
Mother's Maiden Name <i>Susan Smith</i>			Mother's Birthplace <i>ba</i>		
Name of person giving information <i>Levanon McEwing Jr</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>18 months</i>
Immediate <i>Dropsy & Dysphoria</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R M Smith</i>
	Address <i>Heure de Grace Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

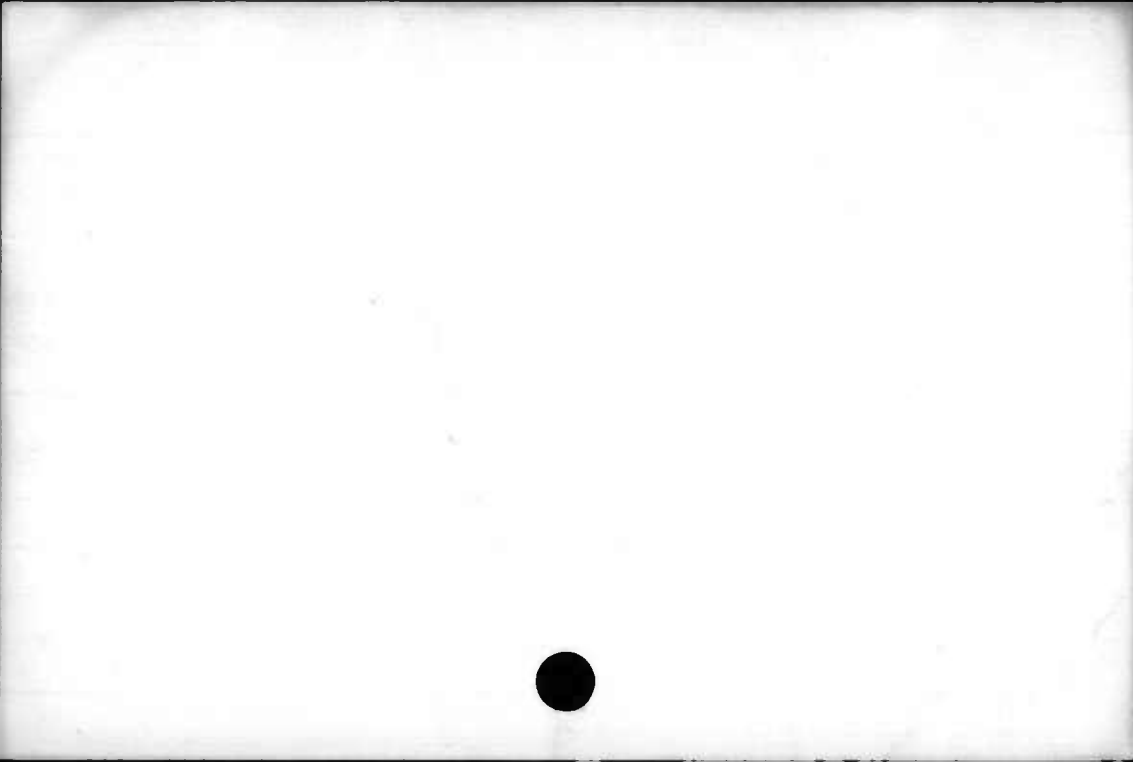
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>18</i>	Age <i>30</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Teacher</i>				
Name of Wife or Husband <i>Grace Wilson</i>					
Father's Name <i>John T. Moore</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Jane Hall</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Grace Moore</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis Florida</i>	How long <i>4 weeks -</i>
Immediate <i>Asphyxia</i>	How long <i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. F. Vant Bibber</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>No -</i>	<i>Med.</i>



Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Feb 17

Age

2-10-4

Hartford

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Daath

Immediate

Accident, Suicida, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79229



Name
in
Full

William R. Myers

CERTIFICATE OF DEATH

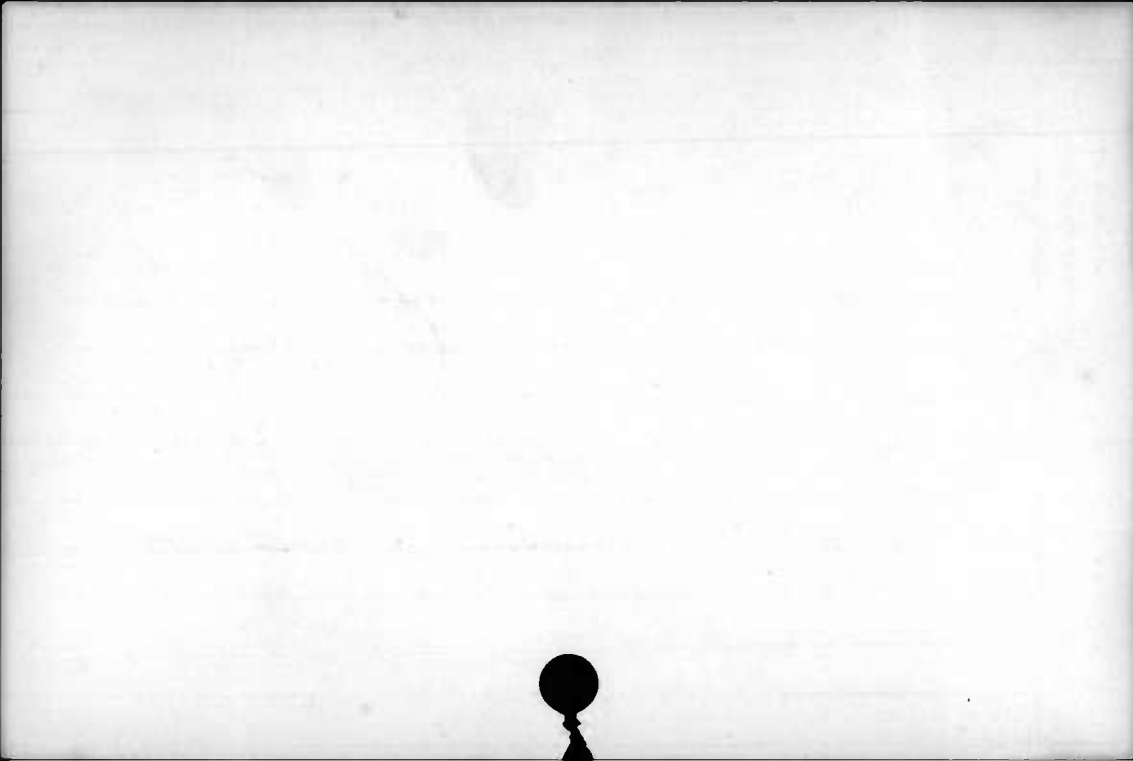
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods Grace</i>		Town <i>Harrods Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>21</i>	Age <i>66</i>	Years <i>6</i>	Months <i>6</i>	Days <i>-</i>	
Sex		Color or Race <i>White</i>		Birth-place <i>Harrods Grace</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Wreath man</i>					
Name of Wife Husband <i>Georgianna Lawler</i>							
Father's Name <i>Alexander Myers</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>Margaret Sutor</i>		Mother's Birthplace <i>-</i>					
Name of person giving information <i>William R. Myers - ag</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease (Enlarged)</i>	How long <i>20 or 25 years</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Smith M.D.</i>
	Address <i>Harrods Grace</i>
Accident or Suicide? <i>9</i>	<i>MS</i>



Name In Full

Certificate of Death

Elsworth Nichols

Died at Havre de Grace Town Harford Co County MARYLANDDate 1913 Month July Day 10 Age 1 Y. 4 M. - D. - Native of Harford Occupation -

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife -Father's Name Laurence Nichols Mother's Maiden Name Elizabeth WhiteheadCause of Death Primary Measles

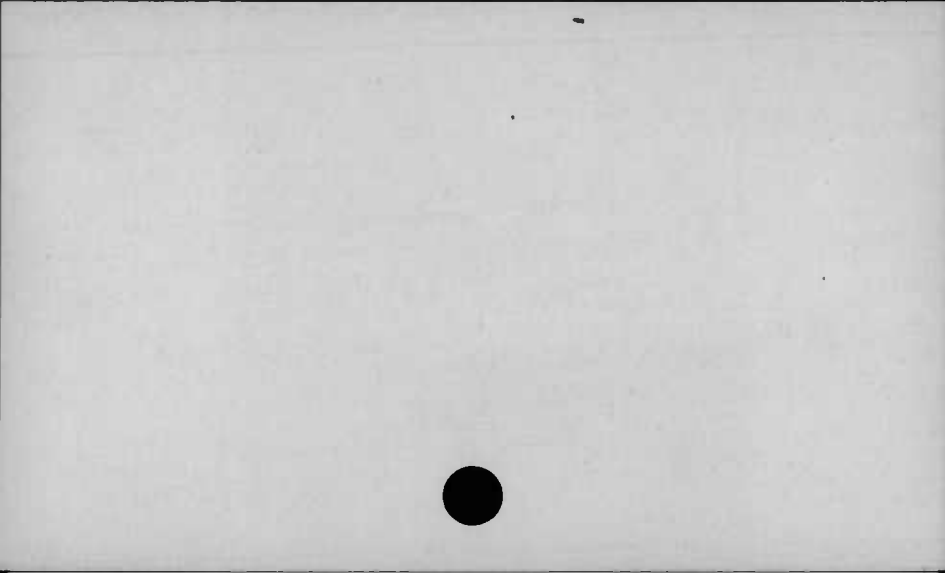
How long sick

about 5 daysDeath Immediate Pneumonia & Bronchitis

Accident, Suicide, Homicide

Reported by A. C. - otherAddress Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robt. Nichols

Town

County

Died at

14 avn de Grace

MARYLAND

Date	19	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1903</i>	<i>2</i>	<i>13</i>		<i>1</i>	<i>4</i>		<i>Harford</i>	<i>—</i>
Male	White	Married	Widow	Divorced				
Female	Colored	Singla	Widower	Number of children living				

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Louise Nichols

Elizabeth Whitehead

Cause of

Primary

Measles

How long sick

10 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Acca Nichols

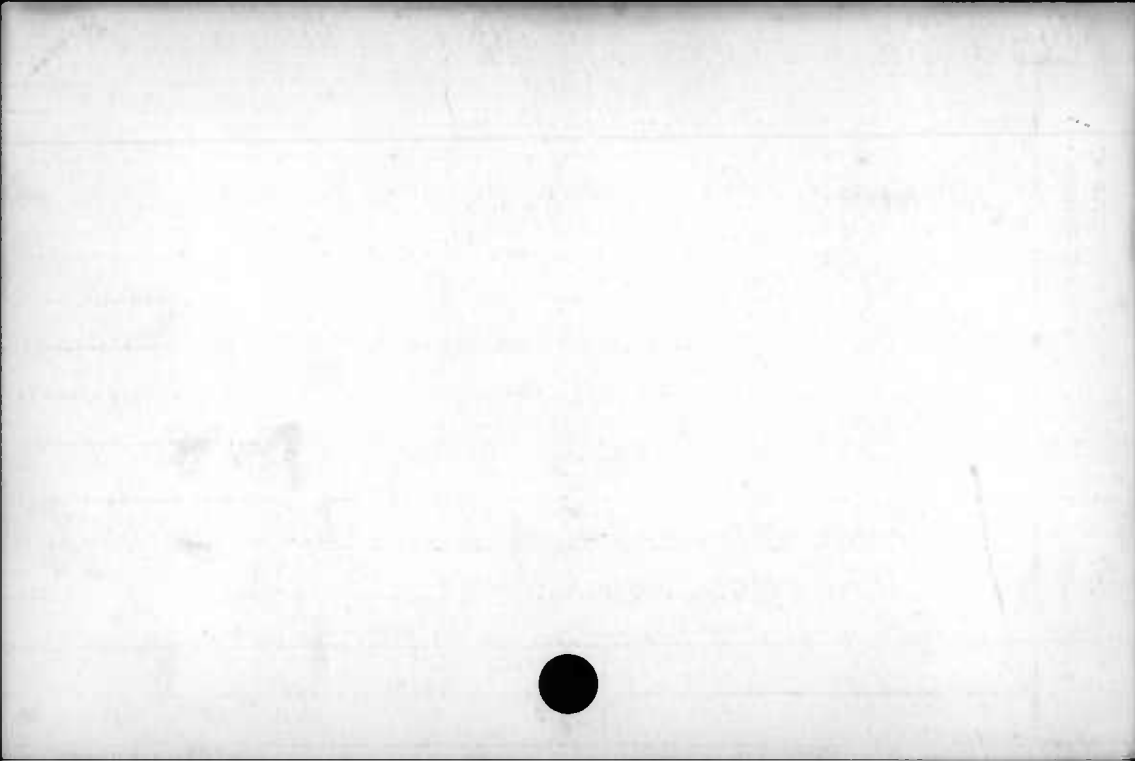
Address

14 avn de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Katherine O'Neil				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Harre de Grace		County Hearford		MARYLAND
	Date of death 1903		Month 2	Day 17	Age 82	Years —	
	Sex Female		Color or Race White		Birth-place Ireland.		
	Married, Single or Widowed Widow				Occupation House Wife		
	Name of Wife or Husband Owen O'Neil						
	Father's Name James O'Neil				Father's Birthplace		
	Mother's Maiden Name —				Mother's Birthplace		
Name of person giving information Kathleen O'Neil				How related to deceased Daughter			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary General Debility of Age				How long Several Years		
	Immediate Heart Weakness				How long		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician R W Smith MD		
	Accident or Suicide?				Address Harre de Grace Md		



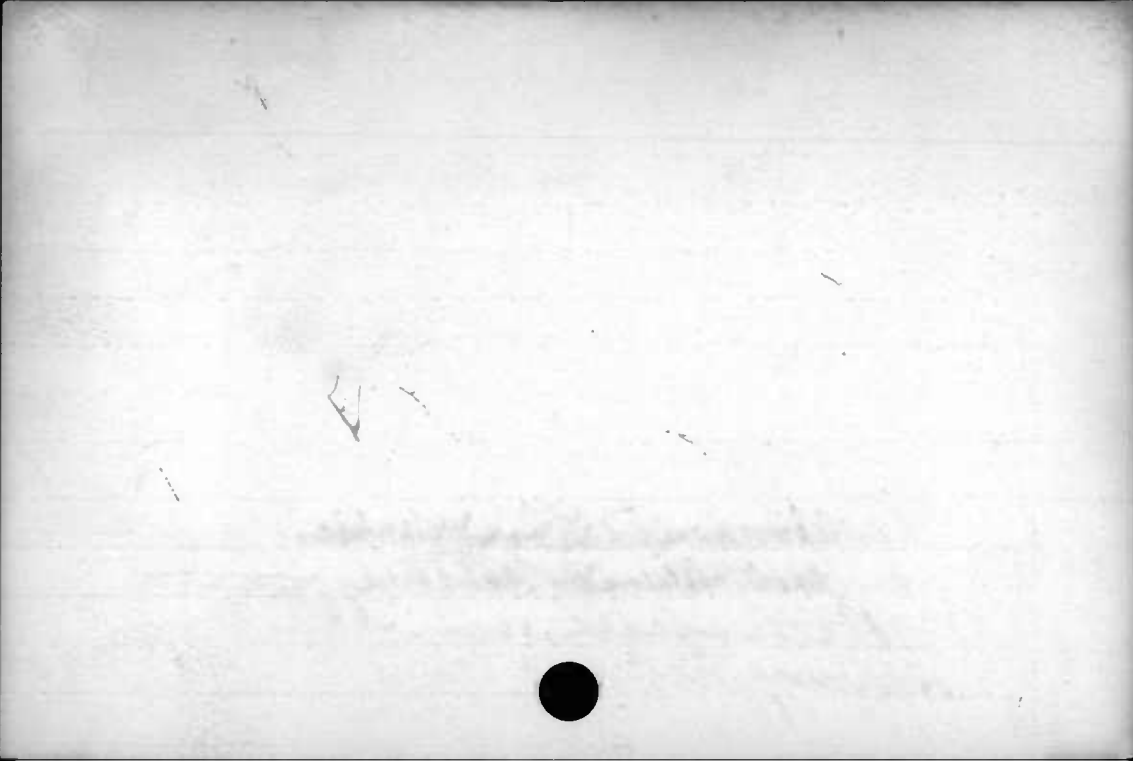
Certificate of Death

Reported by R. Chapman M.D.
Address New York N.Y.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Oliver Smith		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Bel Air <small>Town</small>		Newford <small>County</small>		MARYLAND
	Date of death 1903	Feb <small>Month</small>	17 <small>Day</small>	58 <small>Years</small>	1 <small>Months</small>
	Male <small>Sex</small>	White <small>Color or Race</small>	Balto Md <small>Birth-place</small>		
	Married <small>Married, Single or Widowed</small>		Merchant <small>Occupation</small>		
	Ella B. Miller <small>Name of Wife or Husband</small>				
	John Smith <small>Father's Name</small>		Balto <small>Father's Birthplace</small>		
	Olivia Jane Bloodgood <small>Mother's Maiden Name</small>		Balto <small>Mother's Birthplace</small>		
Mrs. Dr. Butler <small>Name of person giving information</small>		Niece <small>How related to deceased</small>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Cerebral Hemorrhage <small>Primary</small>		abt 5 yrs <small>How long</small>		
	Paralysis <small>Immediate</small>		12 hrs <small>How long</small>		
	Yes <small>Are the name, age, sex, color, date and place correctly given above?</small>		C. A. Jennings <small>Signature of Physician</small>		
			Bal air Md <small>Address</small>		
9 <small>Accident or Suicide?</small>					



Name in Full

Certificate of Death

Died at

Date 1903

Male

~~Female~~Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Single~~~~Widow~~

Widower

~~Divorced~~~~Number of children living~~

Mother's

Maiden Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~



Name In Full

Certificate of Death

Lucy B Starr

Town

County

Pa.

MARYLAND

Died at

Fawn Grove

York

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903.

Feb. 12

Age 61 8 19

New York

Housekeeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 2

Husband

of

Jeremiah J. Starr

Wife

Father's

Name

Francis A Bullfield

Mother's

Maiden Name

Mary Burnham

Cause of

Primary

Apoplexy

Death

Immediate

Apoplexy

How long sick

1 3/4 years

Accident, Suicide, Homicide

Reported by

Vallie Hawkins M.D.

Address

Muddy Creek Forks Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

5



Name In Full *Lammon N. Tahi*
 Died at *Whiteford* *Harford* MARYLAND
 Date 19 *03* *05* *5* Age *42* *Harford* *Lammon*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ Number of children living *2*
 Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of *Laura Tahi*
 Father's Name *Frank Tahi* Mother's Maiden Name *Mother Tahi*
 Cause of Death { Primary *Accident* How long sick _____
 Immediate _____ Accident, Suicide, ~~Homicide~~

Reported by *Dr. W. L. Arthur*

Address *1166*
1166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hester E. H. Watters


CERTIFICATE OF DEATH

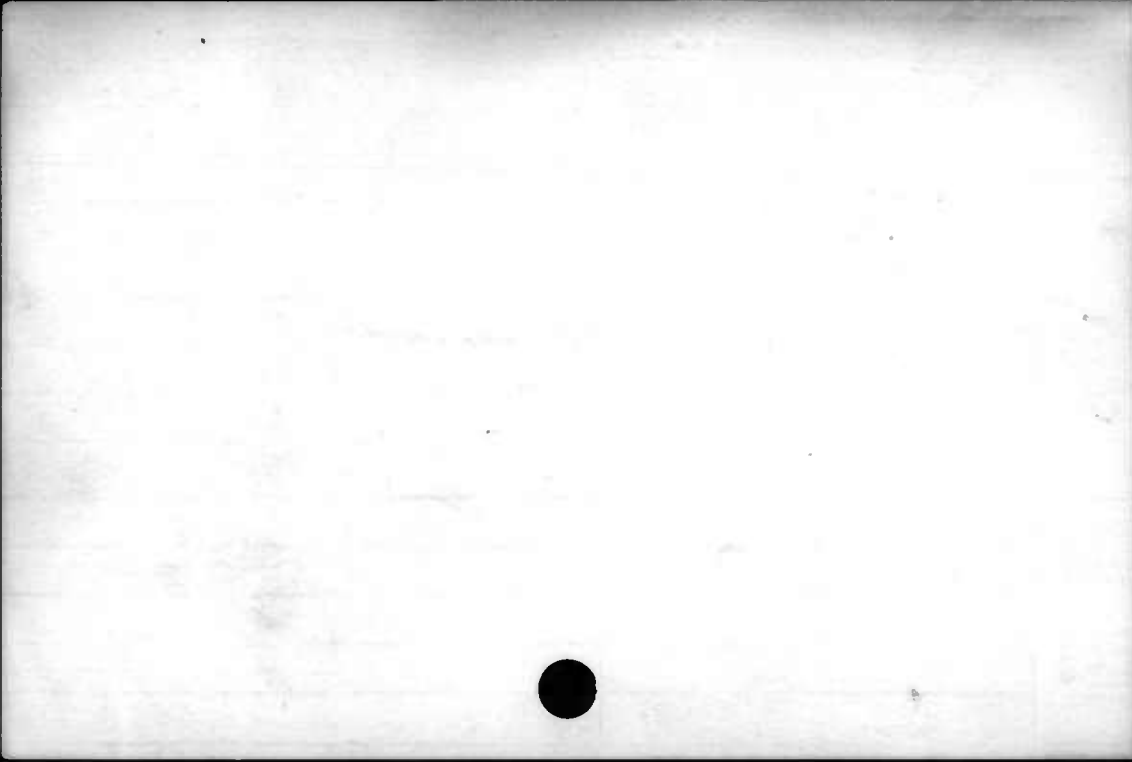
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shurea Landings</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 1903	<i>Feb</i> ^{Month}	<i>3</i> ^{Day}	Age <i>19</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>col'd</i>		Birth-place <i>Harford Co., Md</i>		
Married , Single or Widow			Occupation <i>child's nurse</i>		
Name of Wife or Husband					
Father's Name <i>Moses A. Watters</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Mary E. Watters</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Ephw Hopkins MD</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Kidney Trouble</i>	How long <i>complaining for a month</i>
Immediate <i>Sudden Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephw Hopkins</i>
	Address <i>Darlington</i>
Accident or Suicide?	



Name in Full *Jone. P. Wiley*
 Town *Norrisville* County *Hartford* MARYLAND
 Died at
 Date 19*03*, Month *Feb.* Day *23.* Y. *17* M. *22* D. *md.*
 Male *White* Female *Colored* *Married* *Single* *Widow* *Widower* *Divorced*
 Occupation
 Number of children living

Husband of
Wife

Father's
Name

Mother's
Maiden Name

Cause of Death { Primary *Whooping cough and*
 Immediate *bronchitis pneumonia.*
 How long sick *15 days*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

